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RILEY BOYLE

v.

LEGACY HEALTH PLAN NO. 504, LEGACY HEALTH, and

PACIFICSOURCE HEALTH PLANS

File Name: disc rec\_PS\_002999\_2017.08.16\_Phone

Call\_Boyle.wav

Page 1

1 RITA: This is Rita. How can I help  
2 you?

3 HEATHER: Rita, my name is Heather.  
4 I'm calling from a facility to verify benefits,  
5 if I may.

6 RITA: Of course. What office are you  
7 calling from?

8 HEATHER: This is Solacium in New  
9 Haven. We're actually in Utah.

10 RITA: Okay. And what's a good call  
11 back phone number for you?

12 HEATHER: Direct, 435-229-5498.

13 RITA: And the member's ID, please.

14 HEATHER: I show it as being 200498139.

15 RITA: Member's name and date of birth.

16 HEATHER: For Riley Boyle.

17 RITA: And let me just double-check  
18 her.

19 HEATHER: 8/15/2000.

20 RITA: Perfect. Let me just get this  
21 plan pulled up here.

22 HEATHER: Sure. Thanks.

23 RITA: Okay. So I do show member  
24 effective 1/1/2017 on our medical Legacy Employee  
25 Health Plan and still current. Would you like me

1 to double-check you guys are in-network with the  
2 Legacy plan?

3 HEATHER: Oh, I already know we're out.

4 RITA: Okay. And what type of service  
5 is it for?

6 HEATHER: Residential mental health  
7 out-of-network.

8 RITA: So for out of network, there's  
9 no coverage.

10 HEATHER: No out-of-network?

11 RITA: No.

12 HEATHER: Okay. That's why we call in  
13 advance.

14 RITA: Yes.

15 HEATHER: I appreciate it. Thank you.

16 RITA: Yeah, definitely. You're  
17 welcome. You have a wonderful day.

18 HEATHER: All right, Rita. You too.

19 RITA: Bye-bye.

20 HEATHER: Bye.

21

22

23

24

25

1 C E R T I F I C A T I O N  
2

3 I, Sonya Ledanski Hyde, certify that the  
4 foregoing transcript is a true and accurate  
5 record of the proceedings.

6  
7  
8 Sonya M. Ledanski Hyde  
9

10  
11 Veritext Legal Solutions  
12 330 Old Country Road  
13 Suite 300  
14 Mineola, NY 11501

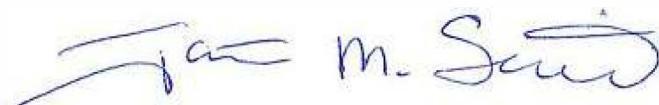
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16 Date: May 11, 2021  
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1 C E R T I F I C A T E  
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4

5 I, Janette M. Schmitt, a Certified Shorthand  
6 Reporter for Oregon, do hereby certify that after having  
7 listened to an audio recording, that Sonya Ledanski Hyde  
8 transcribed all testimony adduced and other oral  
9 proceedings had, and that thereafter her notes were  
10 reduced to typewriting under her direction; and that the  
11 foregoing transcript, pages 1 to 4, both inclusive,  
12 constitutes a full, true and accurate record of all such  
13 testimony adduced and oral proceedings had, and of the  
whole thereof.

14 Witness my hand and CSR stamp at Vancouver,  
15 Washington, this 11th day of May, 2021.

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JANETTE M. SCHMITT  
Certified Shorthand Reporter  
Certificate No. 90-0093  
Expiration Date: 6/30/2023

[002999 - residential]

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